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APPLICANTS

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** CONTINUING DATA ***** *None - All*** FOREIGN APPLICATIONS ***** *None - All*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowances Verifier and Acknowledged Examiner's Signature Initials	STATE OR COUNTRY PA	SHEETS DRAWING 6	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
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TITLE

Maternity pillow

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